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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/575,100	04/10/2006	Michael Grass	288804US0X PCT	3709	
22850 7590 02/13/2009 OBLON, SPIVAK, MCCLELLAND MAIER & NEUSTADT, P.C. 1940 DUKE STREET ALEXANDRIA, VA 22314			EXAMINER		
			GALE, KELLETTE		
ALEAANDRIA, VA 22314			ART UNIT	PAPER NUMBER	
			1621		
			NOTIFICATION DATE	DELIVERY MODE	
			02/13/2009	ELECTRONIC	

## Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

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Interview Summary	10/5/5,100 GRASS ET AL.		
interview Summary	Examiner	Art Unit	
	YVONNE L. EYLER	1621	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>YVONNE L. EYLER</u> .	(3) <u>David Stitzel</u> .		
(2) <u>Kellette Gale</u> .	(4)		
Date of Interview: <u>5/28/2008</u> .			
Type: a)☐ Telephonic b)☐ Video Conference c)☑ Personal [copy given to: 1)☐ applicant 2	2)⊠ applicant's representative	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.		
Claim(s) discussed: <u>all</u> .			
Identification of prior art discussed: McConnell.			
Agreement with respect to the claims f) was reached. g	ı)⊠ was not reached. h)∏ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>Discussed that McConnection</u>			
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no c allowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM, '	been filed, APP / DAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO
	/Yvonne Eyler/ Yvonne Eyler	SPE AU 1621	
Examiner Note: You must sign this form unless it is an	Examiner's signature, if requi	red	

Application No.

Applicant(s)